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May 3, 2023

Law Office of Edward M. Shishem 900 Jorie Boulevard, Suite 106 Oak Park, IL 60523

Our File #:

Name of Insured:

YRC Worldwide - USF Holland

Date of Loss: Claimant(s):

04/17/2023

Dear Mr. Shishem:

046-032163

Seung Chung

This letter is to inform you that I am the Adjuster assigned to handle the abovecaptioned claim. Please direct all future communications to my attention, and note our File number on all correspondence - until you receive written instructions to do otherwise

At your earliest convenience, please provide me with the following information for your client

- 1. The Full Names of All Treating Physicians
- 2. The Addresses of the Treating Physicians
- 3. Date of Your Client's Treatment
- 4. Your Firm's Social Security Number (in anticipation of an eventual settlement)
- 5. Type of injury(-ies) sustained by your client from above accident
- 6. Any prior injury(-ies), whether related to automobile accidents or not

If you have any questions, you may contact me at my cell telephone number of (224) 595-4204 between the hours of 8:00 and 5:00, Monday through Friday. If I am not in, please leave your name, telephone number, our File Number and the best time to return your call. I look forward to working with you to bring this matter to an appropriate conclusion.

Sincerely,

Custard Insurance Adjusters, Inc.

David A. Weinberg Liability Adjuster

E: dweinberg@custard.com

D: 224-595-4204

Address Reply To:

Office - Chicago Area Administrative Center PO Box 68606 Schaumburg, IL 60173 T: 847-240-9622

F: 847-240-9699

E: chicago.il@custard.com

Adjuster -

E: dweinberg@custard.com

D: 224-595-4204

Sedgwick Claims Management Services, Inc. P O Box 14516 Lexington, KY 40512-4516



Phone: (800)972-7602 Fax: (913)661-4999

May 04, 2023

Edward M. Shishem, Inc. Attn: Clarissa Pena 900 Jorie Blvd Suite 106 Oak Brook, IL 60523

Re:

insured:

USF Holland Inc

Claimant Name:

Chung E. Seung

Date of Loss:

04/17/2023

Claim Number:

2300003343-

Dear Ms. Pena:

This letter will serve to acknowledge receipt of your Letter of Representation, relative to the above-captioned matter, as well as confirm my telephone call to your office.

Please provide me with the following information relating to your client's loss so I can proceed with my investigation:

- Home address; date of birth; Social Security number
- Description of the injury sustained by your client
- Pre-existing or prior injury(ies)
- Status of the injury(ies) and treatment
- Medical carrier, claim number, claim handler, telephone number
- All wage loss information
- All specials received to date
- Detailed description of what occurred
- Names and addresses of all potential witnesses
- Your theory of liability
- Signed "Authorization For Medical Reports & Records"
- Signed "Medical Provider Information"

Please be advised that it may be necessary to obtain previous medical records if your client has sustained past injuries to any of the same body parts involved in this incident. We cannot send a medical records request to these doctors without a complete address either. I would greatly appreciate having copies of medical bills and reports forwarded to me once you receive same.







Case 23-11069-CTG Doc 984-3 Filed 10/27/23 Page 3 of 6

Thank you for your anticipated cooperation. Sedgwick manages claims for OLD REPUBLIC INSURANCE COMPANY on behalf of USF Holland Inc.

We value your privacy. For more on what personal information we may collect, how we may use this information and other important areas relating to your privacy and data protection, please read our privacy notice www.sedgwick.com.

Sincerely,

Anthony Batchelor

Claims Examiner

Enc: Authorization For Medical Reports & Records, Medical Provider Information







ILLINOIS TRAFFIC CRASH REPORT ORC. TRFD TRFC WEAT DRVA UT 2 3 4 1 7 5 9 INVESTIGATING AGENCY	ASH REPORT DRVA VS 1 of 1 s	Sheets LGHT	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			And the second s		
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Log Book

that

Is any vehicle used to transport any hazardous material (HAZMAT) in requires placarding (example: placards will be displayed on the vehicle).

ADDRESS 10990 ROE AVE

CARRIER NAME YRC INC

LINO

Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or

Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van type vehicle or passenger car); or

2. Is used or designed to transport more than 15 passengers including the driver (example: shuttle or charter bus); or

Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination): or

A CMV is defined as any motor vehicle used to transport passengers or property and:

LARGE TRUCK, BUS, OR HM VEHICLE IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.

ashes

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	even if units have been moved prior to the contract.
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Willow Rd	William Company
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Diagram Drawn Not To Scale	ot To Scale

Did HAZMAT Spill from 'vehide (do NOT consider FUEL from vehicle's own Lank)? ☐ Unknown ☐ Intrastate ☐ Not In Comm./Other WIDELOAD? [] Y 🗵 1 digit Hazard Class NO. Did Motor Carrier Safety Regulations (MCS) violation contribute the crash? ☐ Yes ☑ No ☐ Unknown Out of Service > 102 Did HAZMAT Regulations violation contribute to the crash? □ Yes ☑ No □ Unknown Was a Driver/Vehicle Examination Report form completed? □ >26,000 OVERLAND PARK, KS 66211 ILLCC NO. Driver TRAILER VIN 1 1JJV281W54L883722 TRAILER VIN 2 1JJV281W66L987879 97 - 102" ☐ Interstate ☐ Not In Comm./Govt. Were HAZMAT placards on vehicle? ☐ Unknown □ Unknown 图 10,000-26,000 ☐ Papers HAZMAT DYes KINo ☐Yes ⊠No TRAILER LENGTH(S) 1 USDOT NO. 75806 TRAILER 1 TRAILER 2 If yes, name on placard IDOT PERMIT NO. TRAILER WIDTH(S) MOTOR CARR. ID Source of above

Side of Truck
GVWR/GCWR CITY/STATE/ZIP Form Number 4 digit UN NO. Cl <10,000 intersection of Greenwood Road. The driver of Unit #1 said that Unit #2 suddenly began to the intersection of Greenwood Road. The driver of Unit #2 said she slowed down to make used her right-turn signal. The driver of Unit #2 said that as she was making the turn, Unit The driver of Unit #1 said he was traveling E/B on Willow Road and was approaching the #1 crashed into the rear of Unit #2, subsequently pushing Unit #2 towards the S/E corner Unit #1 said Unit #2 never used a right-turn signal. The driver of Unit #1 slammed on the slow down and went to make a right-hand turn onto S/B Greenwood Road. The driver of a right-hand turn onto S/B Greenwood Road. The driver of Unit #2 said she believe she The driver of Unit #2 said she was traveling E/B on Willow Road and was approaching of the intersection. Unit #2 came to a stop on the sidewalk after striking a traffic signal U2 Drug 2 U2 Drug 1 000 U2 Race: U1 Drug 1 000 U1 Drug 2 U1 Race: W -87.8392 UZ COLOR White pole, knocking it off its foundation. M NOT DISABLING DAMAGE NARRATIVE (refer to vehicle by unit #) ☐ DISABLING DAMAGE LOCAL USE ONLY U1 COLOR White U1 TOWED DUE TO

2 2 _____

O Yes

9

z

LOAD TYPE

CARGO BODY TYPE

NO. OF AXLES

SELECT CODES FROM BACK OF CRASH BOOKLET

VEHICLE CONFIG.

Gene's Towing

U2 TOWED BY: / 🔞: U1 TOWED BY / TO:

DAMAGE EXTENT: 1 DAMAGE EXTENT: 3

☐ NOT DISABLING DAMAGE

DISABLING DAMAGE

UZ TOWED DUE TO

TOTAL VEHICLE LENGTH

Narrative

brakes but ultimately crashed into the rear of Unit #2, pushing it onto the sidewalk on the S/E corner of the